

School Based Clinic Health & Wellness Fair Permission Form

Dear Teachers,

We will be having our **Annual Health and Wellness Fair** for students in health class on **XXX Date**. Prior to event, all students volunteering are required to get teacher approval and signature to participate. Please sign the hour you have with this student so they can be excused. Students are responsible for all work they miss during class.***

Student Name: _____ **Grade:** _____

Cell phone: _____ **Email:** _____
Text: Y or N (if you don't have a cell phone)

Hour 1: Class: _____ Teacher Signature: _____

Hour 2: Class: _____ Teacher Signature: _____

Hour 3: Class: _____ Teacher Signature: _____

Hour 4: Class: _____ Teacher Signature: _____

Hour 5: Class: _____ Teacher Signature: _____

Hour 6: Class: _____ Teacher Signature: _____

Hour 7: Class: _____ Teacher Signature: _____

Students, please return form to Health Educator – School Based Clinic, Room XX by XX Date.

*** All teacher questions can be addressed to Health Educator, _____ School Based Clinic Email address & phone number included here